

Research Project Submission SIP listserv/website

SUBMISSION CHECKLIST Date of Submission:_____

SUBMIT TO: Gayle Morse morseg@sage.edu_____

A. Research Team

At least one member must be a SIP member or have a letter of support from a SIP member

1. Name of Principle (Student) Investigator:	
Address:	
Phone #:	Email Address:
Tribal Affiliation:	SIP MEMBER: <input type="checkbox"/> Yes or <input type="checkbox"/> No
2. Name of other research team member (or Student advisor):	
Address:	
Phone #:	Email Address:
Tribal Affiliation:	SIP MEMBER: <input type="checkbox"/> Yes or <input type="checkbox"/> No

If PI or research team member does not have tribal affiliation please respond below and indicate the Native or SIP member or consultant of your project	
Name:	
Address:	
Phone #:	Email Address:
Tribal Affiliation:	SIP MEMBER <input type="checkbox"/> Yes or <input type="checkbox"/> No

B. FORMS (Checklist- Please be sure these are attached. Incomplete submissions will not be reviewed)

1. IRB Application Forms
2. IRB Approval Letter with Approval Number
3. Research Proposal including Data Plan
4. Dissemination Plan
5. Letter from Research Team that they will submit a publishable summary of findings to the Journal of Indigenous Research for publication.
6. TRIBAL IRB if needed for specific tribal identification.